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HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 17th October, 2025

No.30489─HFW-DCMA-MISC/0010/2024/H&FW. ─ In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, (18 of 1969), the State Government with the approval of the Central Government do hereby amend the Odisha, Registration of Births and Deaths Rules, 2001 namely:−

1. Short title and Commencement-(1) These rules may be called the Odisha Registration of Births and Deaths (Amendment) Rules, 2025.

(2) They shall come into force on the date of their publication in the *Odisha Gazette*.

2. In the Odisha Registration of Births and Deaths Rules, 2001 (hereinafter referred to as the said rules) in rule 4.

(i) the words and figure “in Form No.1” shall be omitted;

(ii) after the words “Chief Registrar” the words “of Births and Deaths” shall be inserted

3. In the said rules, for rule 5, the following rule shall be substituted, namely:-

“5. Information of birth, still birth, and death- (1) The information required to be given to the Registrar, under section 8 or Section 9 as the case may be, shall be given in Form Nos. 1, 1-A, 2 and 3 for the Registration of a birth, birth of an adopted child, death, still birth respectively,(hereinafter to be collectively called the reporting forms). Information, if given orally, shall be entered by the

Registrar in the appropriate reporting forms and the signature or thumb impression of the informant shall be obtained on the forms.

(2) The part of the reporting forms containing legal information shall be called the "LEGAL PART" and the part containing statistical information shall be called the "STATISTICAL PART".

(3) The information referred to in sub-rule (1) shall be given within 21 days from the date of birth, death and still birth as the case may be.

(4) Name, wherever it occurs, in Forms shall be provided in the format of [first name] [middle name] [last name] where name may not contain any abbreviation.

(5) Date, wherever it occurs, in Forms shall be provided in the format of dd-mm-yyyy, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits.

(6) The address, wherever it occurs, in Forms shall contain the name of State, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code**".**

4. In the said rules, for rule 7, the following rule shall be substituted, namely: -

"7. Medical Certificate of Cause of Death (MCCD)-

The certificate as to the cause of death including the history of illness if any required under sub-sections (2) and (3) of section 10 shall be issued in the Form 4 or Form 4A and the Registrar shall, after making necessary entries in the register of deaths, and uploading the data of Form 4 or Form 4A in the online MCCD portal forward all such certificates to the Chief Registrar by the 10th of every month immediately following the month to which the certificate relates.

NOTE: It is mandatory for all Government and Private hospitals in which death occurs to submit Medical Certificate of Cause of Death (MCCD) for each death that occurs in the hospital".

5. In the said rules, in rule 8,

(a) for sub-rule (1), the following sub-rule shall be substituted, namely: -

"8. Certificates of registration of births and deaths to be given under section 12-

(1) Certificate of registration of births or deaths to be given to an informant, electronically or otherwise, under section 12 shall be in Form No.5 or Form No.6, as the case may be";

(b) for sub-rule (2), the following sub-rule shall be substituted, namely:-

"(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clause (a), (aa), (ab) and (ac) of sub-section (1) of section 8 which are

reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his or her absence, the nearest relative of the head present in the house, or, in his or her absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of births or deaths from the Registrar within thirty days of its reporting";

(c) In sub-rule (3),-

(i) after the words "shall transmit", the words "electronically or otherwise", shall be inserted;

(ii) for the word "extracts" the word "certificates" shall be substituted;

(iii) after the words "present in the house", the words "or, in his/her absence, the oldest adult person present," shall be inserted;

(d) for sub-rule (4), the following sub-rule shall be substituted, namely:-

"(4) In the case of institutional events of births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc) of sub-section (1) of section 8, the nearest relative of the new born or deceased may obtain electronically or otherwise the certificate from the officer or person-in-charge of the institution concerned within thirty days of the occurrence of the event of birth or death";

(e) in sub-rule (5), for the word "extract", the word "certificate" shall be substituted.

(5) If the certificate of birth or death is not collected by the concerned persons as referred to in sub-rule (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

6. In the said rules, for rule 9, the following rule shall be substituted, namely:-

"9. Delayed Registration-(1) Any birth or death of which information is given to the Registrar after 21 days but within 30 days of occurrence of the event, shall be registered on payment of a late fee of twenty rupees paid either in cash or paid online.

(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written

permission of the District Registrar, births and deaths and on payment of a late fee of rupees fifty in cash or paid online and on production of self-attested document, electronically or otherwise, in Form No. 14.

(3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate [first class] authorized by the District Magistrate, having jurisdiction over the area where the birth or death has taken place, after production of Non-Availability Certificate (NAC) and on payment of a late fee of rupees one hundred either in cash or paid online".

7. In the said rules, in rule 12, for sub-rule (1), the following sub-rule shall be substituted, namely :-

"(1) the legal part of the Form Numbers 1,2 and 3 shall constitute the Birth Register, Death Register and Still Birth register in Form Numbers 7,8 and 9 respectively".

8. In the said rules, in rule-13, -

(a) in sub-rule (1),-

(i) for the words "an extract", the words a certificate of birth or death shall be substituted;

(ii) for the words and figures "issued under section 17, shall be as follows", the words and figures "issued under section 17, electronically or otherwise shall be as follows," shall be substituted;

(iii) for the word "Rs." The word "Rupees" shall be substituted;

(iv) for the figures "Rs.2.00," wherever it occurs, the figures "20.00" shall be substituted respectively;

(v) in clause (c), -

(I) for the word "extract", the word "certificate" shall be substituted;

(II) for the figures "5.00" the figures "50.00" shall be substituted;

(b) in sub-rule (2), for the words “extract in regard to a birth or death shall be issued”, the words and figures “certificate on the basis of extract from the Register relating to births or deaths shall be issued under section 17”, shall be substituted;

(c) in sub-rule (3) for “Form No. 14,” the “Form No. 10” shall be substituted. **In the said sub-Rule(3) of Rule 13, if any particular event of birth or death is not found registered, the registrar shall issue a Non-Availability Certificate (NAC) in Form No.-10 on payment of Rs. 5.00 in cash or paid online.**

(d) in sub-rule (4) for the word “extracts”, the word “certificates” shall be substituted.

9. In the said rules, in rule 16, for sub-rule (2), the following sub-rule shall be substituted, namely :-

“(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.”

10. In the said rules, after rule 16, the following rule shall be inserted, namely: -

“**16-A -Appeal**- An appeal under sub-section (1) of section 25A shall be preferred in Form No.15”.

11. In the said rules, in rule 17, for sub-rules (2) and (3) the following sub-rules shall be substituted, namely: -

“(2) The Permission granted under sub-section (2) of Section 13 and the orders issued under sub-section (3) of Section 13 for delayed registration received by the Registrar, shall form an integral part of the Birth register, Death register and Still birth register and shall not be destroyed.

(3) The certificate as to the cause of death furnished under sub-sections (2) and (3) of section 10 shall be retained for a period of five years by the Chief Registrar, and thereafter the same shall be destroyed”.

12. In the said rules, in rule 4, Form No.1, Format of the Report on the working of the Act shall be omitted.

13. In the said rules, in Rule 18(1), All the fees payable under the Act may be paid either in cash or paid online.

Note:- In the principal rules, for the Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12, and 13, the following Forms shall be substituted, namely: - 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 14 and 15.

By Order of the Governor

ASWATHY S.

Commissioner-*cum*-Secretary to Government

" FORM NO.1
(See rule 5)
BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth : D D - M M - Y Y Y Y
2. Sex (Enter "Male" or "Female" or "Transgender person") :
3. Child's Details (If not named, leave blank) :-
   (a) Name, if any : First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
4. Father's Details:-
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No:
   (d) Email Id:
5. Mother's Details:-
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No:
   (d) Email Id:
6. Address of parents at the time of Birth of the Child: House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
7. Permanent address of parents: House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
8. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
9. Informant's Details:
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No:
   (d) Email Id:
   (e) Address : House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 22, informant will put date and signature)

Date: D D - M M - Y Y Y Y Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village:
Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.1
(See rule 5)
BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

10. **Town or Village of Residence of the mother** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
    Town or Village: Sub-district:
    District: State or Union Territory:
    PIN Code:
11. **For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
    (a) **Religion of Father:**
    (b) **Religion of Mother:**
12. **Father's level of education:**
13. **Mother's level of education:**
14. **Father's Occupation:**
15. **Mother's Occupation:**
16. **Age of the mother (in completed years) at the time of marriage** (If married more than once, age at first marriage is to be written):
17. **Age of the mother (in completed years) at the time of this birth :**
18. **Number of children born alive to the mother so far including this child** (Number of children born alive to include also those from earlier marriage(s), if any) :
19. **Type of attention at delivery** (Tick the appropriate entry below):
    1. Institutional-Government
    2. Institutional – Private or Non-Government
    3. Doctor, Nurse or Trained Midwife
    4. Traditional Birth Attendant
    5. Relatives or others
20. **Method of Delivery** (Tick the appropriate entry below):
    1. Natural
    2. Caesarean
    3. Forceps/Vacuum
21. **Birth Weight (in kgs.) (if available) :**
22. **Duration of pregnancy** (in weeks) :

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :
Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth : D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1: BIRTH REPORT

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.</td></tr>
<tr><td>3,4,5,9</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If child is not named, leave blank.
Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).</td></tr>
<tr><td>6,7,8,9</td><td>Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>8</td><td>Tick the appropriate entry for place of birth
1. Hospital / Institution
2. House
3. Other place
Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place.</td></tr>
<tr><td>10</td><td>Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.</td></tr>
<tr><td>12,13</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>14, 15</td><td>Occupation - Write one of following—
1. Cultivator
2. Agriculture Labourer
3. Daily Wages Earner(Other than Agriculture Labourer)
4. Single/Family Worker/Self Employed
5. Employer
6. Government Employee
7. Private Employee(Other than Domestic Helper)
8. Domestic Helper
9. Non-Worker</td></tr>
</table>

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

FORM NO.1-A (Legal information) (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :** D D - M M - Y Y Y Y
2*. **Sex (Enter "Male" or "Female" or "Transgender person") :**
3. **Child's details (If name is changed on adoption, write new name):-**
(a) Name of the Child — First Name | Middle Name | Last Name
(b) Aadhaar No. (if available):
4*. **Mother's Details (If known):-**
(a) Name: — First Name | Middle Name | Last Name
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:
5*. **Father's Details(If known):-**
(a) Name: — First Name | Middle Name | Last Name
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:
6. **Details of adoption deed / order:-**
(a) Date: D D - M M - Y Y Y Y
(b) Number of Adoption deed / order:
7. **Adoptive Mother's Details:-**
(a) Name: — First Name | Middle Name | Last Name
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:
8. **Adoptive Father's Details:-**
(a) Name: — First Name | Middle Name | Last Name
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:
9. **Address of adoptive parents as recorded in Adoption deed / order:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:
10. **Permanent address of adoptive parents:** House No: Locality:
Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:
11*. **Place of birth:** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the 'Institution" or the address of the "House" or 'Other place" where the birth took place) :
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No. Locality:
Ward number (in case of town and if available): Town or Village:
Sub-district: District:
State or Union Territory: PIN Code:
12. **If adoption through agency write the address of the Adoption agency:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:
13. **Informant's Details:-**
(a) Name: — First Name | Middle Name | Last Name
(b) Aadhaar No.(if available):
(c) Mobile No:
(d) Email Id:
(e) **Address :** House No: Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

*As contained in the original birth certificate.

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 18, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the Informant**

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village: Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.1-A Statistical Information (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

14. **For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
(a) **Religion of Adoptive Father:**
(b) **Religion of Adoptive Mother:**
15. **Adoptive Father's level of education:**
16. **Adoptive Mother's level of education:**
17. **Adoptive Father's Occupation:**
18. **Adoptive Mother's Occupation:**

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit : Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth : D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1-A: BIRTH REPORT FOR ADOPTED CHI

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1, 6</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three.
If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may bc.
Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.</td></tr>
<tr><td>3,4,5,7,8,13</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].</td></tr>
<tr><td>9,10,11,12,13</td><td>Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>15,16</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>17,18</td><td>Occupation - Write one of following—
1. Cultivator
2. Agriculture Labourer
3. Daily Wages Earner(Other than Agriculture Labourer)
4. Single/Family Worker/Self Employed
5. Employer
6. Government Employee
7. Private Employee(Other than Domestic Helper)
8. Domestic Helper
9. Non-Worker</td></tr>
</table>

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).
The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM NO.2 (See rule 5)
DEATH REPORT
Legal Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Death Register

To be filled by the informant

1. Date of Death [D D - M M - Y Y Y Y]
2. Deceased's Details:-
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
   (c) Date of Birth (if available) : [D D - M M - Y Y Y Y]
   (d) Age:
3. Sex (Enter "Male" or "Female" or "Transgender person") :
4. Mother's Details:-
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No:
   (d) Email Id:
5. Father's Details:-
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No:
   (d) Email Id:
6. Spouse's (husband / wife) Details:-
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No.(if available):
   (c) Date of Birth (if available) : [D D - M M - Y Y Y Y]
   (d) Age (in completed years):
   (e) Mobile No:
   (f) Email Id:
7. Address of the deceased at the time of death: House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
8. Permanent address of the deceased: House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place) :
   1.Hospital / Institution Name :
   2. House 3. Other place Address : House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
10. Informant's Details:-
    (a) Name: First Name | Middle Name | Last Name
    (b) Aadhaar No.(if available):
    (c) Mobile No:
    (d) Email Id:
    (e) Address : House No.:
    Locality: Ward number (in case of town and if available):
    Town or Village: Sub-district: District:
    State or Union Territory: PIN Code:

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: [D D - M M - Y Y Y Y] Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. :
Registration Date: [D D - M M - Y Y Y Y]
Registration Unit :
Town / Village:
Sub-District:
District:
Remarks (If any):
Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.2 (See rule 5)
DEATH REPORT
Statistical Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

11. Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name):
    Town or Village: Sub-district:
    District: State or Union Territory:
    PIN Code:
12. Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):
13. Occupation of the deceased:
14. Type of Medical Attention received before death (Tick the appropriate entry below):
    1. Institutional
    2. Medical attention other than Institution
    3. No Medical attention
15. Was the cause of death medically certified? (Tick the appropriate entry below) :
    1.Yes 2. No
16. Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not) :
17. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy (Tick the appropriate entry below):
    1.Yes 2. No
18. If used to habitually smoke – for how many years?
19. If used to habitually chew tobacco in any form – for how many years?
20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?
21. If used to habitually drink alcohol - for how many years?
22. EPIC No. of the deceased, if available: (On voluntary basis)

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :
Registration No. :
Registration Date: [D D - M M - Y Y Y Y]
Date of Death : [D D - M M - Y Y Y Y]
Sex : Male / Female / Transgender person
Age of deceased:
Place of death : 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Father's Details:-**
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

4. **Mother's Details:-**
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

5. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No. Locality:
   Ward number (in case of town and if available): Town or Village:
   Sub-district: District:
   State or Union Territory: PIN Code:

6. **Informant's Details:**
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:
   (e) **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 12, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the Informant**

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village:
Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

7. **Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
   Town or Village: Sub-district:
   District: State or Union Territory:
   PIN Code:

8. **Age of the mother (in completed years) at the time of this birth :**

9. **Mother's level of education:**

10. **Type of attention at delivery** (Tick the appropriate entry below):
    1. Institutional-Government
    2. Institutional – Private or Non-Government
    3. Doctor, Nurse or Trained Midwife
    4. Traditional Birth Attendant
    5. Relatives or others

11. **Duration of pregnancy** (in weeks) :

12. **Cause of foetal death** (if known):

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :
Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth : D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

To be detached and sent for statistical processing

Instructions for completing the Form 3: STILL BIRTH REPORT

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.</td></tr>
<tr><td>3,4,6</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.</td></tr>
<tr><td>5,6</td><td>Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>5</td><td>For Place of birth tick the appropriate entry
1. Hospital / Institution
2. House
3. Other place
Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place.</td></tr>
<tr><td>7</td><td>Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.</td></tr>
<tr><td>9</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>12.</td><td>Cause of foetal death – Write one of following—
<table>
<tr><td>1. Bleeding (Hamorrhage)</td><td>7. Diabetes in the mother</td><td>13. Infection in the mother Parvovirus B19</td></tr>
<tr><td>2. Problems with Placental</td><td>8. Infection in the mother Coxsackie virus</td><td>14. Infection in the mother Q fever</td></tr>
<tr><td>3. Problem with umbilical cord</td><td>9. Infection in the mother Herpes simplex</td><td>15. Infection in the mother Rubella (German measles)</td></tr>
<tr><td>4. Pre-eclampsia</td><td>10. Infection in the mother Leptospirosis</td><td>16. Infection in the mother Flu</td></tr>
<tr><td>5. Genetic physical defect in the baby</td><td>11. Infection in the mother Lyme disease</td><td>17. Infection in the mother Toxoplamosis</td></tr>
<tr><td>6. Liver disorder in the mother (obstestric cholestas)</td><td>12. Infection in the mother Malaria</td><td>18. Not stated</td></tr>
</table></td></tr>
</table>

Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4
(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)
A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital .....

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....

on D D - M M - Y Y Y Y at.....A.M. / P.M.

NAME OF DECEASED: First Name	Middle Name	Last Name		For use of Statistical Office
Sex	Age at Death			
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours
1. Male 2. Female 3. Transgender person				

CAUSE OF DEATH

		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) ..... due to (or as a consequences of)	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) ..... due to (or as a consequences of)	
	(c)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	....	

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification : D D - M M - Y Y Y Y

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths (Amendment) Act, 2023, a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths (Amendment) Act, 2023 to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter of .....resident of ..... was under my treatment from ..... to ..... and he/she died

on D D - M M - Y Y Y Y at.....A.M. / P.M.

NAME OF DECEASED: First Name	Middle Name	Last Name			For use of Statistical Office
Sex	Age at Death: If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender Person					

CAUSE OF DEATH

Interval between onset and death approx.

I
Immediate cause
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.

(a) .....
due to (or as a consequences of)

Antecedent cause

Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last

(b) .....
due to (or as a consequences of)

(c) .....

II
Other significant conditions contributing to the death but not related to the disease or condition causing it

.....

.....

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification : D D - M M - Y Y Y Y

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (: abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths (Amendment) Act, 2023, a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.

प्रपत्र– 5

Form-5

सं.No.

State Govt. Emblem

..... सरकार

GOVERNMENT OF .....

..... वभाग/..(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का नाम).....

DEPARTMENT OF...../. (Name of local body issuing certificate).

जन्म प्रमाण-पत्र

BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) अधिनियम, 2023 की धारा 12 / 17 तथा....(राज्य का नाम).....जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the ..... (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है क निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र) .... उप-जिला.....

जिला .....राज्य ..... के रजिस्टर में उल्लिखित है ।

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) ..... of Sub-district ..... of District .....of State/Union territory .....

नाम/Name: .....

लिंग/Sex.....

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of birth.....

माता का नाम/Name of Mother.....

माता का आधार न० /Aadhaar No. of Mother .....

पिता का नाम/Name of Father .....

पिता का आधार न०/ Aadhaar No. of Father .....

बच्चे के जन्म के समय माता पिता का पता /
Address of parents at the time of birth of the child :
.....
.....
.....
.....

माता पिता का स्थायी पता/
Permanent address of parents:
.....
.....
.....
.....

पंजीकरण संख्या/Registration No :.....

पंजीकरण दिनाँक/Date of Registration.....

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

प्रत्येक जन्म एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death

प्रपत्र– 6
Form-6

सं.No.

State Govt. Emblem

..... सरकार
GOVERNMENT OF .....

..... वभाग/..(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का नाम)...
DEPARTMENT OF...../. (Name of local body issuing certificate).

मृत्यु प्रमाण पत्र
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) अधिनियम, 2023 की धारा 12 / 17 तथा....(राज्य का नाम).....जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the ..... (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है क निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र) .... उप-जिला.....

जिला .....राज्य ..... के रजिस्टर में उल्लिखित है ।

This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) ..... of Sub-district ..... of District .....of State/Union territory .....

नाम/Name: .....
मृतक का आधार न०/Aadhaar No. of deceased.....
लिंग/Sex.....
मृत्यु की तिथि/Date of Death.....
मृत्यु का स्थान/Place of Death.....
माता का नाम/Name of Mother.....
माता का आधार न०/Aadhaar No. of Mother.....
पिता का नाम/Name of Father.....
पिता का आधार न०/ Aadhaar No. of Father.....
पति/पत्नी का नाम/Name of Husband / Wife.....
पति/पत्नी का आधार न०/ Aadhaar No. of Husband / Wife.....

मृतक का मृत्यु के समय का पता/
Address of the deceased at the time of death:
.....
.....
.....

मृतक का स्थायी पता/
Permanent address of the deceased:
.....
.....

पंजीकरण संख्या/Registration No :.....पंजीकरण दिनांक/Date of Registration.....
टिप्पणी/Remarks (if any).....
जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority
प्राधिकारी का पता/ Address of the issuing authority
मोहर/**Seal**

प्रत्येक जन्म एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death

FORM NO.7

(See Rule 12)

BIRTH REGISTER

Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Child's Details** (If not named, leave blank) :-
   (a) Name, if any : First Name | Middle Name | Last Name
   (b) Aadhaar No, if available:

4. **Father's Details:-**
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

5. **Mother's Details:-**
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

7. **Permanent address of parents:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

9. **Informant's Details:**
   (a) Name: First Name | Middle Name | Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:
   (e) **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 23, informant will put date and signature)

Date: D D - M M - Y Y Y Y

Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

FROM NO.8

(See Rule 12)

DEATH REGISTER

Legal information

This part to be added to the Death Register

To be filled by the informant

1. **Date of Death** D D - M M - Y Y Y Y

2. **Deceased's Details:-**
   - (a) Name: First Name | Middle Name | Last Name
   - (b) Aadhaar No, if available:
   - (c) Date of Birth : D D - M M - Y Y Y Y
   - (d) Age:

3. **Sex** (Enter "Male" or "Female" or "Transgender person") :

4. **Mother's Details:-**
   - (a) Name: First Name | Middle Name | Last Name
   - (b) Aadhaar No, if available:
   - (c) Mobile No:
   - (d) Email Id:

5. **Father's Details:-**
   - (a) Name: First Name | Middle Name | Last Name
   - (b) Aadhaar No., if available:
   - (c) Mobile No:
   - (d) Email Id:

6. **Spouse's (husband / wife) Details:-**
   - (a) Name: First Name | Middle Name | Last Name
   - (b) Aadhaar No., if available:
   - (c) Date of Birth : D D - M M - Y Y Y Y
   - (d) Age (in completed years):
   - (e) Mobile No:
   - (f) Email Id:

7. **Address of the deceased at the time of death:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

8. **Permanent address of the deceased:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

9. **Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

10. **Informant's Details:-**
    - (a) Name: First Name | Middle Name | Last Name
    - (b) Aadhaar No., if available:
    - (c) Mobile No:
    - (d) Email Id:
    - (e) **Address :** House No.:
      Locality: Ward number (in case of town and if available):
      Town or Village: Sub-district: District:
      State or Union Territory: PIN Code:

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: D D - M M - Y Y Y Y

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village: Sub-District: District:

Remarks (if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar

FORM NO.9

(See Rule 12)

STILL BIRTH REGISTER

Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Father's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

4. **Mother's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

5. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :

1.Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No. Locality:

Ward number (in case of town and if available): Town or Village:

Sub-district: District:

State or Union Territory: PIN Code:

6. **Informant's Details:**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No:

Locality: Ward number (in case of town and if available):

Town or Village: Sub-district: District:

State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 12, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

FORM No.10
(See Rule 13)

NON-AVAILABILITY CERTIFICATE
(Issued under Section 17 of the Registration of Births & Deaths (Amendment) Act, 2023)

This is to certify that a search has been made on the request of Shri/Smt./Kum..... son/wife/daughter of ..... in the registration records for the year(s) ..... relating to *(Local area)*..... of *(Sub-District)* ..... of *(District)* ..... of *(State)* ..... and found that the event relating to the birth/death of ..... son/daughter of ..... was not registered.

Date : d d - m m - y y y y

Signature of issuing authority

Seal

Form No. 14
(See Rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths (Amendment), Act 2023

DECLARATION

I.....,son/daughter/wife of .....,resident of ..... do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of_____(name of child / deceased)_____son/daughter/spouse of .....;
2. He / she was born / died on ___(date of birth / death)_____ at (place of birth / death).....;
3. He / she was attended at birth /death by _____ who resides at_____;
4. The reason(s) for the delay in reporting of his / her birth /death are _____ _____;
5. His / her birth / death certificate is required for the purpose of _____;

DECLARATION:

☐ *I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.*

Name and Signature or
left thumb mark of the informant

Date | D | D | - | M | M | - | Y | Y | Y | Y |

Notes:

1. *Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.*

2. *Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.*

3. *Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.*

Form No. 15
(See Rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths (Amendment), Act 2023)

1. Aggrieved by an action or order of: Registrar / District Registrar (details of office to be provided as below)

State	District	Sub-District	Village/Town	Locality	RU ID	Name of Registrar / Distt. Registrar

2. Account of Event Leading to appeal with date and order no. etc.
(Provide a detailed account of the occurrence, use attachments, if necessary)

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date D D - M M - Y Y Y Y

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. *Please retain a copy of this form for your own records.*
2. *Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.*
3. *Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.*
4. *Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.*
5. *Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.*

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